

RCE/3763
#1950
PATENTY COY

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRAD	ENGE
App	licant:

**WEBLER** 

Examiner:

Maiorino, R.

Serial No.:

09/748,405

Group Art Unit:

3763

Filed:

December 21, 2000

Atty Docket No.:

GUID.024US01

(01-031)

Title:

SYSTEM AND METHOD FOR ACCESSING THE CORONARY SINUS

	CERTIFICATE UNDER 37 C.F.R. 1.8: The undersigned hereby certifies that this Transmittal Letter and the paper, as described herein, are being deposited in the United States Postal Service, as first class mail, with sufficient postage, in an envelope addressed to: Assistant Commissioner for Patents, Washington, December 1, 2003.  Mark A. Hollingsworth Name  Name  OX RCE  Assistant Commissioner for Patents
As	ox RCE sistant Commissioner for Patents ashington, D.C. 20231
1.	This is a request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
2.	The following are submitted under 37 C.F.R. §1.114.  a. Previously Submitted  Amendment/Reply under 37 C.F.R. §1.116  Appeal Brief previously filed on  Reply Brief previously filed on  Other  b. Enclosed  Amendment/Reply  Affidavit(s)/Declaration(s)  Information Disclosure Statement  Petition for Extension of Time  Other
3.	Miscellaneous  a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of months.  b. Other

4.	Fees	s		
	a.   Check(s) for required fees			
	1. Check in the amount of \$ for RCE filing fee.			
	2. Check in the amount of for request for suspension of action			
	3. Check in the amount of \$ for an Extension of Time			
	b.   The Commissioner is hereby authorized to charge the following fees,			
or credit any overpayments to Deposit Account number 50-				
	0996(GUID.024US01).			
	1. X \$770.00 for RCE filing fee.			
2. The request for suspension of action				
3. S \$110.00 for Extension of Time for 1 month				
c. Payment is made via credit card. (Form PTO-2038 is enclosed)				
Authorization is hereby given to charge any additional fees or credit any				
overpayments that may be deemed necessary to Deposit Account Number 50-				
0996(GUID.024US01).				
00	00(0	313.02 13 33 1).		
			Respectfully submitted,	
		CRAWFORD MAUNU PLLC	By: // // // // // // // // // // // // //	
		1270 Northland Drive, Suite 390	Name: Mark A. Hollingsworth	
		St. Paul, MN 55120	Reg. No.: 38,491	
		(651) 686-6633 X104		

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